## Registration Form Recovery Oriented Supervision Training

## Service Area 1

Wednesday & Thursday, October 12 & 13, 2011 MHALA Antelope Valley Services

| Name of A       | Name of Applicant/training participant                                                                    |  |  |
|-----------------|-----------------------------------------------------------------------------------------------------------|--|--|
|                 |                                                                                                           |  |  |
|                 |                                                                                                           |  |  |
| Title (title of | training participant)                                                                                     |  |  |
|                 |                                                                                                           |  |  |
| •               |                                                                                                           |  |  |
| Agency/O        | rganization (the name of the large entity where the training participant works)                           |  |  |
|                 |                                                                                                           |  |  |
|                 |                                                                                                           |  |  |
| Program/        | <b>Team</b> (the name of the smaller program or team where training participant works)                    |  |  |
|                 |                                                                                                           |  |  |
| Is your Ag      | gency/Organization a directly operated or contract provider of LACDMH?  Directly Operated LACDMH Provider |  |  |
|                 | Contract Provider                                                                                         |  |  |
|                 | I don't know                                                                                              |  |  |
| What serv       | rice area do you work in? (mark more than one if you work in more than one service area)                  |  |  |
|                 | 1                                                                                                         |  |  |
|                 | 2                                                                                                         |  |  |
|                 | 3                                                                                                         |  |  |
|                 | 4                                                                                                         |  |  |
|                 | 5                                                                                                         |  |  |
|                 | 6                                                                                                         |  |  |
|                 | 7                                                                                                         |  |  |
|                 | 8                                                                                                         |  |  |
|                 | I don't know                                                                                              |  |  |

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|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work (offic | ee) Phone (office/desk phone of training participant)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| Work (Cell) | Phone (cell phone of training participant)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Email Addr  | <b>Pess</b> (email address of training participant)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| How many    | people do you supervise? (how many people the training participant supervises)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| Professiona | al License Type (the discipline of training participant)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|             | Social Worker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|             | MFT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|             | Psychologist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|             | Nurse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|             | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|             | Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| Drofessions | al License Number (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Froiessiona | at License (vaniber (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| <b>What langua</b><br>(optional question | ages do you speak in addition to English?<br>requested by funding source) |
|------------------------------------------|---------------------------------------------------------------------------|
| $\square$ S                              | panish                                                                    |
| $\square$ N                              | -<br>Iandarin                                                             |
| $\Box$ C                                 | antonese                                                                  |
| □ 0                                      | Other Chinese                                                             |
| □к                                       | orean                                                                     |
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|                                          | r ethnic background? n requested by funding source)                       |
| $\Box$ A                                 | frican American                                                           |
| $\Box$ A                                 | merican Indian or Alaska Native                                           |
| □ A                                      | sian/Pacific Islander                                                     |
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